

**BEST AVAILABLE COPY**

POSTION	FILE NO.	DATE
FEE DETERMINATION	<i>Daniel</i>	<i>05-24-01</i>
O.I.P.E. CLASSIFIER		
FORMALITY REVIEW	<i>A-5</i>	<i>943</i>
RESPONSE FORMALITY REVIEW	<i>32</i>	<i>897</i>
		<i>02-12-01</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>02-13-01</i>
2	<i>02-13-01</i>
3	<i>02-13-01</i>
4	<i>02-13-01</i>
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
 staple additional sheet here

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